## INFORMATION DISCLOSURE STATEMENT BY APPLICANT

( Not for submission under 37 CFR 1.99)

Application Number		10532951	
Filing Date		2005-04-27	
First Named Inventor	Tzschoppe et al.		
Art Unit		2872	
Examiner Name	Audrey Y. Chang		
Attorney Docket Number		Via.USPA.10532951	

CERTIFICATION STATEMENT							
Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):							
	That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(1).						
OR							
	That no item of information contained in the information disclosure statement was cited in a communication from a foreign patent office in a counterpart foreign application, and, to the knowledge of the person signing the certification after making reasonable inquiry, no item of information contained in the information disclosure statement was known to any individual designated in 37 CFR 1.56(c) more than three months prior to the filing of the information disclosure statement. See 37 CFR 1.97(e)(2).						
	See attached certification statement.						
X	Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.						
	None						
SIGNATURE  A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the							
	n of the signature.	•	dance with of R 1.55, 10.1	To. I lease see of IV 1.4(a) for the			
Signature		/ Jonathan T. Kaplan /	Date (YYYY-MM-DD)	2010-07-19			
Name/Print .		Jonathan T. Kaplan	Registration Number	38935			
pub 1.14	lic which is to file it.  This collection it.	rmation is required by 37 CFR 1.97 and 1.98 (and by the USPTO to process) an application is estimated to take 1 hour to complete, inclue USPTO. Time will vary depending upon th	on. Confidentiality is gover uding gathering, preparing	rned by 35 U.S.C. 122 and 37 CFR and submitting the completed			

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